

HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

INCLUSIVE DATES: 1/1/68 - 12/31/68

CUSTODIAL UNIT/LOCATION: 11/ARCHIVES

ROOM: \_\_\_\_\_

DELETIONS, IF ANY:

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

~~NAME~~ MILER, Newton S.

21

CHECK PAYABLE TO ORDER OF  
~~Sergeant~~  
Mrs. Elizabeth C. Miller  
Home Address.

**LEAVE**

134

**TOTALS**

DATE 20/7/46 TAX CLASS T-1 BRANCH PDZ China Communications NAME MILAR, NEWTON S. 194  
 Code Clerk

| DATE        | PERIOD | GROSS SALARY | WITHHOLDING TAX | WAS BONUS | DEDUCTIONS | OTHER DEDUCTIONS | EXPLANATION | ADDITIONS |
|-------------|--------|--------------|-----------------|-----------|------------|------------------|-------------|-----------|
| 1946<br>10/ |        | 203.44       | 27.20           |           |            |                  |             |           |
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|             |        |              |                 |           |            |                  |             |           |

AMOUNT \$2644.80

DESTINATION China

P.D. CAF 5

LEAVE

HOME ADDRESS

64 Fletcher Ave.  
Mt. Vernon, N.Y.

CHECK PAYABLE TO ORDER OF subject

| DATE PERIOD | PERIOD  | GROSS SALARY | WITHHOLDING TAX | WAS BONUS | DEDUCTIONS | OTHER DEDUCTIONS | EXPLANATION | ADDITIONS |
|-------------|---------|--------------|-----------------|-----------|------------|------------------|-------------|-----------|
| 21          | 10/7-19 | 101 72       | 13 60           |           |            |                  |             |           |
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CANCELLED  
 TRANSFERRED  
 10/24/46  
 8/

TOTALS

BY: **SSU-WD**

**Communications**

**SPECIAL FUNDS**

**MILER, Newton S.**

*file*

**MEMORANDUM • • REMARKS**

**10/7/46**

Leave balance brought forward from prior period.....

Leave accrued during this reporting period.....

Aggregate of leave available during this period.....

| DATE  | HOURS IN PAY STATUS |     |         | AWOL | LWOP | SICK | ANNUAL | OTHER | TIME ABSENT |    | DATE | APPROVED<br>CERTIFIED<br>CORRECT |
|-------|---------------------|-----|---------|------|------|------|--------|-------|-------------|----|------|----------------------------------|
|       | OT                  | N/D | REGULAR |      |      |      |        |       | OUT         | IN |      |                                  |
| Sun.  |                     |     |         |      |      |      |        |       |             |    | Sun. |                                  |
| Mon.  |                     |     | 8       |      |      |      |        |       |             |    | Mon. |                                  |
| Tue.  |                     |     | 8       |      |      |      |        |       |             |    | Tue. |                                  |
| Wed.  |                     |     | 8       |      |      |      |        |       |             |    | Wed. |                                  |
| Thu.  |                     |     | 8       |      |      |      |        |       |             |    | Thu. |                                  |
| Fri.  |                     |     | 8       |      |      |      |        |       |             |    | Fri. |                                  |
| Sat.  |                     |     |         |      |      |      |        |       |             |    | Sat. |                                  |
| Sun.  |                     |     |         |      |      |      |        |       |             |    | Sun. |                                  |
| Mon.  |                     |     | 8       |      |      |      |        |       |             |    | Mon. |                                  |
| Tue.  |                     |     | 8       |      |      |      |        |       |             |    | Tue. |                                  |
| Wed.  |                     |     | 8       |      |      |      |        |       |             |    | Wed. |                                  |
| Thu.  |                     |     | 8       |      |      |      |        |       |             |    | Thu. |                                  |
| Fri.  |                     |     | 8       |      |      |      |        |       |             |    | Fri. |                                  |
| Sat.  |                     |     |         |      |      |      |        |       |             |    | Sat. |                                  |
| Total |                     |     | 80      |      |      |      |        |       |             |    |      |                                  |

**LEAVE AND ATTENDANCE  
REPORT**

Standard Form No. 1130  
General Regulations No. 102—Revised  
as prescribed by Comp. Gen., U. S.  
December 7, 1945

Balance at close of this period.....

W. O. P. total for calendar year  
to end of prior period.....

W. O. P. total for calendar year  
to end of this period.....

XXXX

**IMPORTANT**—For all  
LWOP reduce the leave  
accruals according to  
the reduction tables.

Certified correct

(Supervisor)

(Timekeeper)

Telephone No.

2428

CROSS REFERENCE:.....

For Doulong's letter of 9 December 1946 to Special  
Funds re \$845.23 for tickets from Washington to San  
Francisco for the following; see the file of: John M. Closson.

John Closson  
Newton S. Miler  
Thomas A. Smith  
Phillip B. K. Potter  
Roanld I. Metz  
Oliver Metz

Form W-4 (Rev. 1944)  
U. S. Treasury Department  
Employee's Withholding Exemption Certificate

Print full name NEWTON SCOTT MILER Social Security No. 480-22-3553 file 55U  
Print home address 64 FLETCHER AVE, MOUNT VERNON, N.Y.

FILE THIS FORM WITH YOUR EMPLOYER. Otherwise, he is required by law to withhold tax from your wages without exemption.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

I. If you are SINGLE, write the figure "1" here . . . . . 1

II. If you are MARRIED, one exemption is allowed for the husband and one exemption for the wife.  
(a) If you claim both of these exemptions, write the figure "2" here . . . . .  
(b) If you claim one of these exemptions, write the figure "1" here . . . . .  
(c) If you claim neither of these exemptions, write "0" here . . . . .

III. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents here. (See Instruction 3 on other side.) . . . . .

IV. Add the number of exemptions which you have claimed above and write the total here . . . . . 1

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date 15 Oct, 1946 (Signature) Newton Scott Miler



SECRET

000283

|          |       |
|----------|-------|
| Auth     | 0754  |
| Initials | SC    |
| Date     | 10/14 |

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Special Funds

FROM : Communications Division

SUBJECT: Hiler, Newton S.

3 DATE: 7 October 1946

1. The above named subject entered on duty on .003 Funds  
7 October 1946.

2. Attached are No Strike Affidavit and W-4 Forms.

E Pearson

E. PEARSON

ms Jms  
P.R.  
Si  
10-8-46

SECRET

SSU/W P

(Dept. or Branch)

(Branch or Office)

(Place of Employment)

I, Newton Scott Miller, do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

Newton Scott Miller

(Signature of Employee or Appointee)

Subscribed and sworn to before me this 7th day of OctOct, 1944 at Washington, State of DC.

Ethel Pearson

SSU-Administrative Assistant  
Act of June 26, 1938, Section 206Form W-4 (Rev. 1944)  
U. S. Treasury Department  
Internal Revenue Service

## EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

(Collection of Income Tax at Source on Wages)

Print full name Newton Scott MillerSocial Security No. 180-22-3553Print home address 64 Fletcher Ave., Mount Vernon, N. Y.

FILE THIS FORM WITH YOUR EMPLOYER. Otherwise, he is required by law to withhold tax from your wages without exemption.

## HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- I. If you are SINGLE, write the figure "1" here . . . . . 1
- II. If you are MARRIED, one exemption is allowed for the husband and one exemption for the wife.
- (a) If you claim both of these exemptions, write the figure "2" here . . . . .
- (b) If you claim one of these exemptions, write the figure "1" here . . . . .
- (c) If you claim neither of these exemptions, write "0" here . . . . .
- III. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents here. (See Instruction 3 on other side.) . . . . .
- IV. Add the number of exemptions which you have claimed above and write the total here . . . . . 1

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

SECRET

ENGAGEMENT SHEET

1. To be filled out for all employees paid by Special Funds Branch other than those covered by Employment Data Sheets.
2. To be filled out by the Employing Officer.
3. To be approved or accepted by the officers in the order listed below.
4. To be filed with Special Funds Branch on completion.

1. NAME: Newton S. Miler

2. LEGAL RESIDENCE: 64 Fletcher Avenue, Mount Vernon, N. Y.

3. ADDRESS OF LOCAL LIVING QUARTERS: \_\_\_\_\_ TEL. \_\_\_\_\_

4. OFFICE LOCATION: BUILDING South ROOM NO. 209 TEL. EXT. 2368

5. ENTRANCE ON DUTY DATE: To be established

6. ANNUAL SALARY: CAF-5, \$2044.80 per annum

7. PER DIEM (if any): \_\_\_\_\_

8. POSITION: Code Clerk

9. PAYMENT INSTRUCTIONS: \_\_\_\_\_

10. IF SUBJECT HAS BEEN TRANSFERRED, STATE BUREAU, BRANCH, OR DEPARTMENT OF THE U.S. GOVERNMENT FROM WHICH TRANSFERRED: \_\_\_\_\_

11. STATE THEATER COMMAND TO WHICH SUBJECT WILL EVENTUALLY REPORT: China

12. GENERAL REMARKS: \_\_\_\_\_

*[Handwritten signature: J. Kelly]*  
*[Handwritten date: 10/1/46]*

APPROVAL AND ACCEPTANCE

A. EMPLOYING OFFICER [Signature] DATE 10/9/46

B. SECURITY OFFICER [Signature] DATE 10/1/46

C. PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

D. ADMINISTRATIVE OFFICER [Signature] DATE 10/9/46

E. BRANCH CHIEF [Signature] DATE 10/9/46

F. SPECIAL FUNDS OFFICER [Signature] DATE 2 Oct 46

(230661)

SECRET



QUALIFICATIONS AND EXPERIENCE

NAME: Hiler, Newton S.  
BIRTHPLACE: Mason City, Iowa  
AGE: 20  
LANGUAGES: SEE ATTACHED FORM 57

TRAVEL:

SALARY RANGE:

EXPERIENCE:

[illegible]

1. Name of examination or special examination applied for  
**RADIO OPERATOR**

2. Applicant subject to interview in examination announcement

3. Place of employment (if any)

**CHINA THEATER**

4. Mr. Last name First name Middle name Initials Surname Last name  
**NEWTON SCOTT MILLER**

5. Street and number and R. F. D. number  
**11 LEBANON STREET**  
City or post office (including postal zone) and State  
**HANOVER, N. H.**

6. Length of voting residence in United States 7. Native place No. Home phone  
**NEW YORK**

8. Place of birth (city and State if born outside U. S. name city and country)  
**MASON CITY, IOWA**

9. Date of birth (month, day, year) 10. Age last birthday 11. ☒ Male ☐ Female  
**MARCH 1, 1926** **20**

12. ☐ Married ☒ Single 13. Height without shoes **6** feet **0** inches Weight **180** pounds

14. Have you ever been employed by the Federal Government? ☐ Yes ☒ No  
If now employed by the Federal Government, give present grade and date of last change in grade

| DO NOT WRITE IN THIS BLOCK               |                                  |                                            |                                                     |              |
|------------------------------------------|----------------------------------|--------------------------------------------|-----------------------------------------------------|--------------|
| For Use of Civil Service Commission Only |                                  |                                            |                                                     |              |
| <input type="checkbox"/> Appeal          | <input type="checkbox"/> Merit   | <input type="checkbox"/> Extended register |                                                     |              |
| <input type="checkbox"/> Suspense        | <input type="checkbox"/> Summary | <input type="checkbox"/> Extension         |                                                     |              |
| Notations                                |                                  | App Review                                 |                                                     |              |
| Approved                                 |                                  |                                            |                                                     |              |
| OPTION                                   | GRADE                            | EARNED RATING                              | RELI-<br>ENCY                                       | AUGM-<br>ENT |
|                                          |                                  |                                            | <input type="checkbox"/> 5 points<br>(best)         |              |
|                                          |                                  |                                            | <input type="checkbox"/> 10 points                  |              |
|                                          |                                  |                                            | <input type="checkbox"/> Wid-<br>ow                 |              |
|                                          |                                  |                                            | <input type="checkbox"/> Deaf                       |              |
|                                          |                                  |                                            | <input type="checkbox"/> Being<br>investi-<br>gated |              |
| INITIALS AND<br>DATE                     |                                  |                                            |                                                     |              |

| Indicate "Yes" or "No" answers by marking X in proper column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | YES                                                                                                                                                                                                                                                                   | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 15. (a) Would you accept short-term assignment if offered?<br>for—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       |    |
| 1 to 3 months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       | X  |
| 3 to 6 months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       | X  |
| 6 to 12 months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | X                                                                                                                                                                                                                                                                     |    |
| (b) Would you accept appointments if offered—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |    |
| in Washington, D. C.?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | X                                                                                                                                                                                                                                                                     |    |
| anywhere in the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | X                                                                                                                                                                                                                                                                     |    |
| outside the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | X                                                                                                                                                                                                                                                                     |    |
| 16. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers to determine your qualifications for the position for which you are applying. In the space provided indicate EVERY position you have held, either with or without compensation, and state the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position, and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Specify your experience in the Armed Services in question. (Military Experience) |  |                                                                                                                                                                                                                                                                       |    |
| (a) If you have ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position the name used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                       |    |
| (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                       |    |
| <b>PRESENT POSITION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                       |    |
| Status of employment: (Month, year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Last title of your present position:                                                                                                                                                                                                                                  |    |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | To present time                                                                                                                                                                                                                                                       |    |
| Place of employment (city and State):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Salary or earnings:                                                                                                                                                                                                                                                   |    |
| Name and address of employer (firm, organization, or person):<br>If Federal, name department, bureau or establishment, and division:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Starting \$ per                                                                                                                                                                                                                                                       |    |
| Kind of business or organization (e. g., wholesale sale, insurance agency, city, of local, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Present \$ per                                                                                                                                                                                                                                                        |    |
| Number and kind of employees supervised by you:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Description of your work:                                                                                                                                                                                                                                             |    |
| Name and title of immediate supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | I have never worked as a regular employee for any time. For a while worked Saturdays at grocery store and for two weeks during Christmas vacation worked in men's clothing store (1943). Helped a window dresser in Tuscaloosa, Ala, for a while with no regular pay. |    |
| Reason for desiring to change employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                       |    |

**MILITARY EXPERIENCE**—In order to make an effective placement of war veterans, detailed information must be obtained about the training and experience they have obtained in the Armed Services. Fill in the space for each service school you have attended, no special or technical schools or schools of the service, write in item (a) "No attendance at service schools" and indicate in item (c) all important changes in duty assignment, showing dates of such assignment.

| <p>(a) Name of Service School attended:<br/> <b>NAVAL V-12 &amp; NROTC Unit</b><br/> <b>DARTMOUTH College</b><br/>         Dates attended (month, year):<br/>         From <b>1 March 1944</b> To <b>1 July 1946</b><br/>         Rating received at end of the training:<br/> <b>home-discharged AS-in-training</b><br/>         (c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):<br/> <br/>         Date of duty assignment (month, year):<br/>         From: To:<br/>         (d) Second Special Service School attended:<br/>         Location:<br/>         Dates attended (month, year):<br/>         From: To:<br/>         Rating received at end of the training:<br/>         (e) Duty assignment after this training:<br/>         Date of duty assignment (month, year):<br/>         From: To:<br/>         List on a separate sheet of pages any additional experience, training, service, or special duty assignments during military service or hospitalization.</p>                                                                                                                                                                                                                                                                                                                                                                                                          | <p>(b) What were you taught in First Special Service School?<br/> <b>The course was designed to qualify in the Navy with a commission. It included Mathematics, Physics, Gunnery and Ordnance, Navigation, Signal courses, AS well as Lib. Ar. Arts, Courses.</b><br/>         (d) What did you do during this duty assignment?<br/> <br/> <br/>         (f) What were you taught in Second Special Service School?<br/> <br/> <br/>         (h) What did you do during this duty assignment?<br/> <br/> <br/>         (i) Give name and address of last high school attended:<br/> <b>T. Roosevelt High School Des Moines, Iowa</b><br/>         (j) Subjects studied in high school which apply to position desired:<br/> <b>Physics, Mathematics</b></p> |                                                |                 |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|----------------|-----------------|-----------------|---------------|-------------------|---------------|-----------------------|-----------------------|------|------|-------|-------|------|-----------------------------------------|------------------|---------------|----------------|----------------|--|--|----------|------------|----------------------------------------------------|----------------|-----------------------------------------------|----------------|------------------|-----------|--|--|-------------------|-----------|--|--|
| <p><b>18. EDUCATION</b>—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 <b>(12)</b><br/>         Mark (x) the appropriate box to indicate satisfactory completion at:<br/> <input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Senior High School</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">(a) Name and Location of College or University</th> <th rowspan="2">Major</th> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> <th colspan="2">Degrees Conferred</th> <th rowspan="2">Semester Hours Credit</th> </tr> <tr> <th>From—</th> <th>To—</th> <th>Day</th> <th>Night</th> <th>Title</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><b>Dartmouth College, Hanover, N.H.</b></td> <td><b>Economics</b></td> <td><b>3/1/44</b></td> <td><b>present</b></td> <td><b>3 1/2</b></td> <td></td> <td></td> <td></td> <td><b>116</b></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(b) List Your Chief Undergraduate College Subjects</th> <th>Semester Hours</th> <th>(c) List Your Chief Graduate College Subjects</th> <th>Semester Hours</th> </tr> </thead> <tbody> <tr> <td><b>Economics</b></td> <td><b>27</b></td> <td></td> <td></td> </tr> <tr> <td><b>N.R.O.T.C.</b></td> <td><b>24</b></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (a) Name and Location of College or University | Major           | Dates Attended |                 | Years Completed |               | Degrees Conferred |               | Semester Hours Credit | From—                 | To—  | Day  | Night | Title | Date | <b>Dartmouth College, Hanover, N.H.</b> | <b>Economics</b> | <b>3/1/44</b> | <b>present</b> | <b>3 1/2</b>   |  |  |          | <b>116</b> | (b) List Your Chief Undergraduate College Subjects | Semester Hours | (c) List Your Chief Graduate College Subjects | Semester Hours | <b>Economics</b> | <b>27</b> |  |  | <b>N.R.O.T.C.</b> | <b>24</b> |  |  |
| (a) Name and Location of College or University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Major                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                 | Dates Attended |                 | Years Completed |               | Degrees Conferred |               |                       | Semester Hours Credit |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From—                                          | To—             | Day            | Night           | Title           | Date          |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <b>Dartmouth College, Hanover, N.H.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Economics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3/1/44</b>                                  | <b>present</b>  | <b>3 1/2</b>   |                 |                 |               | <b>116</b>        |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| (b) List Your Chief Undergraduate College Subjects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Semester Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (c) List Your Chief Graduate College Subjects  | Semester Hours  |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <b>Economics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                 |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <b>N.R.O.T.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                 |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <p>(e) Other training, such as vocational, business study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Subjects Studied</th> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> </tr> <tr> <th>From—</th> <th>To—</th> <th>Day</th> <th>Night</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Subjects Studied                               | Dates Attended  |                | Years Completed |                 | From—         | To—               | Day           | Night                 |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| Subjects Studied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dates Attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | Years Completed |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To—                                            | Day             | Night          |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                 |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <p><b>19. Indicate your knowledge of foreign languages:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Language</th> <th colspan="3">READING</th> <th colspan="3">SPEAKING</th> <th colspan="3">UNDERSTANDING</th> </tr> <tr> <th>Ext.</th> <th>Good</th> <th>Fair</th> <th>Ext.</th> <th>Good</th> <th>Fair</th> <th>Ext.</th> <th>Good</th> <th>Fair</th> </tr> </thead> <tbody> <tr> <td><b>SPANISH</b></td> <td></td> <td></td> <td><b>X</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(a) How was your knowledge of foreign languages acquired?<br/> <b>IN School</b><br/>         (b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation):<br/> <br/>         (c) List any special tools you possess and machines and equipment you can use, such as operation of short-wave radio, multibit, compass, key-punch, turret lathe, scientific or professional device:<br/>         Approximate number of words per minute in typing <b>20</b> shorthand</p>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Language                                       | READING         |                |                 | SPEAKING        |               |                   | UNDERSTANDING |                       |                       | Ext. | Good | Fair  | Ext.  | Good | Fair                                    | Ext.             | Good          | Fair           | <b>SPANISH</b> |  |  | <b>X</b> |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| Language                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | READING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                 | SPEAKING       |                 |                 | UNDERSTANDING |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Good                                           | Fair            | Ext.           | Good            | Fair            | Ext.          | Good              | Fair          |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <b>SPANISH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | <b>X</b>        |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |
| <p><b>21. Are you now or have you ever been a member or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Give kind of license and State:<br/>         First license or certificate (year):<br/>         Latest license or certificate (year):<br/> <b>22. Give any special qualifications not covered elsewhere in your application, such as:</b><br/>         (a) your pure important publications (do NOT submit copies unless requested)<br/>         (b) your patents or inventions<br/>         (c) public speaking and public relations experience<br/>         (d) membership in professional or scientific societies, etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                 |                |                 |                 |               |                   |               |                       |                       |      |      |       |       |      |                                         |                  |               |                |                |  |  |          |            |                                                    |                |                                               |                |                  |           |  |  |                   |           |  |  |

23. REFERENCES - List three persons living in the United States or Territories of the United States who are NOT related to you, and who have the knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

| FULL NAME | BUSINESS OR HOME ADDRESS<br>(Give complete address including street and number) | BUSINESS OR OCCUPATION |
|-----------|---------------------------------------------------------------------------------|------------------------|
| 1.        |                                                                                 |                        |
| 2.        |                                                                                 |                        |
| 3.        |                                                                                 |                        |

24. May inquiry be made of your present employer regarding your character, qualifications, etc.? ☐ Yes ☐ No

Indicate "Yes" or "No" answer by placing X in proper column.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES | NO |                                                                                                                                              | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 25. Are you a citizen of the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X   |    | 26. Have you any physical defect or disability whatsoever?<br>If your answer is "Yes" give complete details in Item 36.                      | X   |    |
| 28. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?<br>If your answer is "Yes," give complete details in Item 34.                                                                                                                                                                                                                                                                                                                                            |     | X  | 29. (a) Were you ever in the United States Military or Naval Service during time of War?                                                     | X   |    |
| 27. Within the past 12 months, have you voluntarily used intoxicating beverages to excess?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | X  | (b) Is the word "inmate" or the word "convict" used in your discharge or separation papers to show the type of your discharge or separation? | X   |    |
| 26. Since your last discharge, have you ever been convicted or fined, or imprisoned, or placed on probation, or have you ever been ordered to attend court for the violation of any law, police regulation or ordinance, including minor traffic violations for which a fine of \$25 or less was imposed?<br>If your answer is "Yes," list all such cases under Item 39 below. Give in each case: (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken. |     | X  | (c) Was service performed on an active full-time basis, with full military pay and allowances?                                               | X   | X  |

| Date of entry or entry into service                                         | Date of separation or discharge           |
|-----------------------------------------------------------------------------|-------------------------------------------|
| 1 March 1944                                                                | 1 July 1946                               |
| Branch, re service (Army, Navy, Air Force, Marine Corps, Coast Guard, etc.) | Grade, position or position of separation |
| NAVY                                                                        | A.S. 763-17-77                            |

IF YOUR ANSWERS TO THIS QUESTION (No. 26) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE GRANTED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

Indicate "Yes" or "No" answer by placing X in proper column.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?<br>If your answer is "Yes," give in Item 39 reason for retirement, that is, age, optional disability, or involuntary or voluntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating if retired from military or naval service. | X   |    |
| 31. Are you an official or employee of any State, Territory, county, or municipality?<br>If your answer is "Yes," give details in Item 34.                                                                                                                                                                                                                                                                                                        | X   |    |
| 32. Have the U. S. Government employ in a civilian capacity any relative of yours, by blood or marriage, with whom you live or have lived within the past 6 months?<br>If your answer is "Yes," show in Item 39 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed; and (5) kind of appointment.                                                                             | X   |    |
| 33. Have you ever had a nervous breakdown?<br>If your answer is "Yes," give complete details in Item 34.                                                                                                                                                                                                                                                                                                                                          | X   |    |
| 34. Have you ever had tuberculosis?<br>If your answer is "Yes," give complete details in Item 34.                                                                                                                                                                                                                                                                                                                                                 | X   |    |

IF YOUR ANSWER TO QUESTION 37 (a), (b), OR (c) IS "YES" AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

The information contained in the answers to Questions 26 above has been verified by comparison with the discharge certificate on \_\_\_\_\_ 19\_\_\_\_.

|        |       |
|--------|-------|
| Agency | Title |
|--------|-------|

| ITEM No.                                                                                                                              | Answer | ITEM No. | Answer                          |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|----------|---------------------------------|
| 35. Knee injury from football.                                                                                                        |        |          |                                 |
| 36c. V-12 service is not considered. At present, active allowing any benefits such as G.I. Bill. The pay was full however and we were |        |          | Subject to military discipline. |

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.  
FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE TITLE 18, SECTION 80).  
Verify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date 17 August 1946

Signature of applicant N. Scott Miller  
(Sign your name in ink, use given name, initials and surname.) If female, prefix Miss or Mrs. and if married use your own given name (e.g., "Mrs. Mary L. Doe.")

EXPENSE ACCOUNT

SECRET

TO: Special Funds Branch  
ROOM:

DATE 30 August 1946

I hereby certify that the expenses itemized below were necessarily incurred by me in connection with official business of a confidential nature for the Office of Strategic Services, and that I have not been, nor will I be, reimbursed for such expenses from any other government or private source. Receipts or other substantiating data are attached hereto in accordance with regulations of said Office.

Transportation . . . . . \$ 21.26  
From Hanover, N.H. . . . . to Washington (return).  
Commencing (Hour) . . (over) . . . . Ending (Hour) . . . . \$  
Per Diem in Lieu of Subsistence . . . . . 21.00  
(Not over \$6.00 p.d. domestic or \$7.00 p.d. abroad)  
Messages . . . . .  
Taxis (Only in strict accordance with Special Funds Regulations) . . . . 1.00  
Obtaining Strategic Information . . . . .  
Others (Specify) . . . . .  
Total 43.26

Remarks: Mr. Miller was invited to Washington for interviewing and assessment.

Address: 11 Lebanon St. Hanover, N.H. . . . .

Approved for Payment 02

Newton S. Miller  
Signature

Newton S. Miller

By: Byron C. Sarvis  
Signature  
Byron C. Sarvis,  
Chief, Procurement Section  
Official Title

Branch Personnel

Project No. (56679)

Arrived Hanover, N.H. 12:00 Midnite 29 August 1946



ENGAGEMENT SHEET

1. To be filled out for all employees paid by Special Funds Branch other than those covered by Employment Data Sheets.
2. To be filled out by the Employing Officer.
3. To be approved or accepted by the officers in the order listed below.
4. To be filed with Special Funds Branch on completion.

1. NAME: Newton S. Miler

2. LEGAL RESIDENCE: 64 Fletcher Avenue, Mount Vernon, N. Y.

3. ADDRESS OF LOCAL LIVING QUARTERS: \_\_\_\_\_ TEL. \_\_\_\_\_

4. OFFICE LOCATION: BUILDING South ROOM NO. 209 TEL. EXT. 2368

5. ENTRANCE ON DUTY DATE: To be established

6. ANNUAL SALARY: CAP-5, \$2644.80 per annum

7. PER DIEM (if any): \_\_\_\_\_

8. POSITION: Code Clerk

9. PAYMENT INSTRUCTIONS: \_\_\_\_\_

10. IF SUBJECT HAS BEEN TRANSFERRED, STATE BUREAU, BRANCH, OR DEPARTMENT OF THE U.S. GOVERNMENT FROM WHICH TRANSFERRED: \_\_\_\_\_

11. STATE THEATER COMMAND TO WHICH SUBJECT WILL EVENTUALLY REPORT: China

12. GENERAL REMARKS: \_\_\_\_\_

APPROVAL AND ACCEPTANCE

A. EMPLOYING OFFICER Henry E. Ellinger DATE 12/9/46

B. SECURITY OFFICER Ernest W. Schmidt DATE 10/1/46

C. PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

D. ADMINISTRATIVE OFFICER Charles M. English DATE 12/9/46

E. BRANCH CHIEF John H. Coffey DATE 12/9/46

F. SPECIAL FUNDS OFFICER Ernest W. Schmidt DATE 2 Oct 46

QUALIFICATIONS AND EXPERIENCE

NAME: Hiler, Newton S.  
BIRTHPLACE: Mason City, Iowa  
AGE: 20  
LANGUAGES: SEE ATTACHED FORM 57

TRAVEL:

SALARY RANGE:

EXPERIENCE:

# APPLICATION FOR FEDERAL EMPLOYMENT

Form approved  
Bureau Bureau No. 50-8044

**INSTRUCTIONS** - Answer every question completely and accurately. Test answers to questions in ink. If you are applying for a position in the United States, you must also indicate the name of the organization, the position, and the location of the position. If you are applying for a position outside the United States, you must also indicate the name of the organization, the position, and the location of the position. Notify the office with which you file this application of any change in your address.

1. Name of organization or service position applied for  
**RADIO OPERATOR**

2. Special subject (if mentioned in examination announcement)

3. Place of employment address for  
**CHINA THEATER**

4. Mr. **Newton Scott MILER**

5. Street and number of residence  
**11 LEBANON Street**  
City of residence (indicate postal zone) State  
**HANOVER, N. H.**

6. Length of service (in years, months, days) 7. Office grade No. Home phone  
**New York**

8. Place of birth (city and state; if born outside U. S. name city and country)  
**MASON CITY, IOWA**

9. Date of birth (month, day, year)  
**MARCH 1, 1926**

10. Age last birthday  
**20**

11. ☒ Male ☐ Female

12. ☐ Married ☒ Single ☐ Widowed ☐ Divorced

13. Height without shoes **6** feet **0** inches Weight **180** pounds

14. Have you ever been employed by the Federal Government? ☐ Yes ☒ No  
If now employed by the Federal Government, give present grade and date of last change in grade

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

☐ Appeal ☐ Withdraw ☐ Rejected ☐ Rejected

Appointing Authority

Approved

| OPTION | GRADE | EARNED RATING | PREFERENCE                                  | ADJUSTMENT |
|--------|-------|---------------|---------------------------------------------|------------|
|        |       |               | <input type="checkbox"/> 5 points (best)    |            |
|        |       |               | <input type="checkbox"/> 10 points          |            |
|        |       |               | <input type="checkbox"/> With or Without    |            |
|        |       |               | <input type="checkbox"/> Dead               |            |
|        |       |               | <input type="checkbox"/> Being investigated |            |

DETAILS AND DATE

Indicate "Yes" or "No" answer by placing X in proper column

|                                                                                                                          | YES                                 | NO                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 18. (a) Would you accept short-term assignment if offered, for—                                                          |                                     |                                     |
| 1 to 3 months?                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| 3 to 6 months?                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 to 12 months?                                                                                                          | <input checked="" type="checkbox"/> |                                     |
| (b) Would you accept assignment if offered—                                                                              |                                     |                                     |
| in Washington, D. C.?                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| anywhere in the United States?                                                                                           | <input checked="" type="checkbox"/> |                                     |
| outside the United States?                                                                                               | <input checked="" type="checkbox"/> |                                     |
| 19. (c) If you will accept appointment in certain locations ONLY, give acceptable locations                              |                                     |                                     |
| (d) What is the lowest entrance salary you will accept, per year                                                         |                                     | <b>126.44</b>                       |
| You will not be considered for positions paying less.                                                                    |                                     |                                     |
| (e) If you are willing to travel, specify                                                                                |                                     |                                     |
| <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input checked="" type="checkbox"/> Constantly |                                     |                                     |

19. **EXPERIENCE** - You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing authority to determine your qualifications for the position for which you are applying. In the spaces provided below, describe EVERY position you have held, either with or without compensation, and the number of years and weeks per year in which you were engaged in such activity. Start with your PRESENT position, and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Specify your position in the Armed Services in question 17 (Military Experience).  
(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position the name used.  
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

Dates of employment: (Month, year)  
From: \_\_\_\_\_ To present time

Place of employment (city and State): \_\_\_\_\_

Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: \_\_\_\_\_

Kind of business or organization (e. g., wholesale retail, insurance agency, etc. of local, etc.): \_\_\_\_\_

Number and kind of employees supervised by you: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for desiring to change employment: \_\_\_\_\_

**PRESENT POSITION**  
Exact title of your present position: **Student**

Salary or earnings:  
Starting \$ \_\_\_\_\_ per \_\_\_\_\_  
Present \$ \_\_\_\_\_ per \_\_\_\_\_

Description of your work: **I HAVE NEVER WORKED AS A regular employee for any time. For a while worked SATURDAYS at grocery store and for two weeks, during CHRISTMAS VACATION, worked in men's clothing store (1943). Helped a window dresser in Tuscaloosa, Ala, for a while with no regular pay.**

(CONTINUED ON NEXT PAGE)

10. **MILITARY EXPERIENCE**—In order to make effective use of the talents of war veterans, persons who served in the Armed Forces, fill in the space in Item (a) below. If you have attended no special or technical schools while in the service, write in Item (a) "No other service schools" and indicate in Item (c) all instances of your assignment, showing dates.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>(a) Federal Service School attended:</p> <p><b>NAVAL V-12 &amp; NROTC Unit</b><br/>Location:</p> <p><b>DARTmouth College</b><br/>Dates attended (months, years):</p> <p>From: <b>1 March 1944</b> To: <b>1 July 1946</b><br/>Rating received at end of this training:<br/><b>honored - discharged A.S. in training</b></p> <p>(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):</p> <p>(d) What did you do during this duty assignment?</p> |  | <p>(a) What were you taught in First Special Service School?</p> <p>The course was designed to qualify in the Navy with a commission. It included Mathematics, Physics, Gunnery and Ordnance, Navigation, Signal courses, as well as liberal arts courses.</p> <p>(b) What did you do during this duty assignment?</p> |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Second Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                              |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Third Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                               |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Fourth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                              |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Fifth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                               |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Sixth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                               |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Seventh Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                             |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Eighth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                              |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Ninth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                               |  |
| <p>(a) Federal Service School attended:</p> <p>Location:</p> <p>Dates attended (months, years):</p> <p>From: To:</p> <p>Rating received at end of this training:</p> <p>(c) Duty assignment after this training:</p> <p>(d) What did you do during this duty assignment?</p>                                                                                                                                                                                                                                                                 |  | <p>(a) What were you taught in Tenth Special Service School?</p> <p>(b) What did you do during this duty assignment?</p>                                                                                                                                                                                               |  |

| 23. REFERENCE - List three persons living in the United States or Territories of the United States for whom you are applying. Do not report names of persons who are NOT living in the United States or Territories of the United States.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 24. May I inquire the name of your present employer regarding your present, qualifications etc? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 25. Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 26. Do you own, lease, or have you ever owned, or are you now co-owning the property of any organization that advocates the overthrow of the Government of the United States by force or violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 27. Within the past 12 months, have you voluntarily used inciting, threatening, or other words? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 28. Since your last birthday, have you ever been convicted or found guilty of any crime involving the violation of any law for which a fine of \$50 or less was imposed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 29. Have you ever been discharged or barred to return for military or naval service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 30. Do you receive an annuity from the U.S. or D.C. Government under any retirement or pension law or act? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 31. Are you an official or employee of any State, Territory, county, or municipality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 32. Does the U.S. Government employ you in a civilian capacity and have you ever been employed by the U.S. Government in a military or naval capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 33. Have you ever had a nervous breakdown? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |           |  |                                                                                 |  |                        |  |
| 34. Have you ever had tuberculosis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |           |  |                                                                                 |  |                        |  |
| 35. Space for detailed answers to other questions (Indicate item numbers to which answers apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |           |  |                                                                                 |  |                        |  |
| <p>35. Have you ever been employed by the U.S. Government in a military or naval capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>36. Have you ever been employed by the U.S. Government in a civilian capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>37. Have you ever been employed by the U.S. Government in a military or naval capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>38. Have you ever been employed by the U.S. Government in a civilian capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. Have you ever been employed by the U.S. Government in a military or naval capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>40. Have you ever been employed by the U.S. Government in a civilian capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41. 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Have you ever been employed by the U.S. Government in a civilian capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |  |           |  |                                                                                 |  |                        |  |

EXPENSE ACCOUNT

SECRET

TO: Special Funds Branch  
ROOM:

DATE 30 August 1946

I hereby certify that the expenses itemized below were necessarily incurred by me in connection with official business of a confidential nature for the Office of Strategic Services, and that I have not been, nor will I be, reimbursed for such expenses from any other government or private source. Receipts or other substantiating data are attached hereto in accordance with regulations of said Office.

Transportation . . . . . \$ 21.26  
From Hanover, N.H. . . . . To Washington (return).  
Commencing (Hour) . . (over) . . . . Ending (Hour) . . . . \$  
Per Diem in Lieu of Subsistence . . . . . 21.00  
(Not over \$6.00 p.d. domestic or \$7.00 p.d. abroad)  
Messages . . . . .  
Taxis (Only in strict accordance with Special Funds Regulations) . . . . 1.00  
Obtaining Strategic Information . . . . .  
Others (Specify) . . . . .  
Total 43.26

Remarks: Mr. Miler was invited to Washington for interviewing and assessment.

Address: 11 Lebanon St. Hanover, N.H. . . . .

Approved for Payment 03

Newton S. Miler  
Signature

Newton S. Miler

By: Byron C. Sarvis  
Signature  
Byron C. Sarvis,  
Chief, Procurement Section  
Official Title

Branch Personnel

Project No.

(56679)



Departed Hanover, N.H. 12:00 noon 26 August 1946

Arrived Washington 12:00 noon 27 August 1946

Departed Washington 8:00 p.m. 28 August 1946

Arrived Hanover, N.H. 12:00 Midnite 29 August 1946

1946 OCT 02 09 03

RECEIVED  
SPECIAL FUNDS BRANCH

PERSONNEL ACTION REQUEST  
(TO BE SIGNED AND SUBMITTED IN TRIPLICATE)

NAME: Miller, Newton S.

NATURE OF ACTION: Cancellation Action 28 August 1946

EFFECTIVE DATE:

FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS  
LAST WORKING DAY:

FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY  
SIGNATURE OF EMPLOYEE:

SPECIAL INSTRUCTIONS:

1. FOR MILITARY LEAVE WITHOUT PAY--ATTACH 3 COPIES OF MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-STAT OR CERTIFIED COPY.
2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT, FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS.

CLASSIFICATION INITIAL DATE

VICE

1A

VV

NEW

BUDGET

EMPLOYMENT

CHIEF, CIVILIAN  
PERSONNEL BRANCH

FROM

TO

TITLE

Code Clerk

GRADE AND SALARY

CAF-5, \$2644.80 per annum

BRANCH

Opr Aux

DIVISION

Communications

SECTION

OFFICIAL STATION

China

DEPT. or FIELD

Field

REMARKS or PROPOSED DUTIES:

A-1-7 Funds

RECOMMENDED:

*Charles M. English*  
CHARLES M. ENGLISH, Executive Officer

DATE:

18 Sept 1946

OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

Home Address 64 FLETCHER AVE, Mt. VERNON, N.Y.

Address \_\_\_\_\_ Phone \_\_\_\_\_

Recommended by \_\_\_\_\_

Approved \_\_\_\_\_ 8/28/46

Approved \_\_\_\_\_ 9/23/46 9/30/46

Approved for employment by ELDRIDGE

Consent and indoctrination requested \_\_\_\_\_

10/7/46 - 503 Points at \$3644.80 per annum. Position Classification CAF-5

Ordinary Salary \_\_\_\_\_

Form 2800 M Submitted 10/9/46 approved 10/26/46  
LTR JUSTICE 10/9/46

Form 2800 Received 30 Oct. 1946

TFA Requested \_\_\_\_\_ Date \_\_\_\_\_ Mode of Travel Air Sea

TFA Received \_\_\_\_\_ Date \_\_\_\_\_ Mode of Travel \_\_\_\_\_

Orders Requested Numbers for shipment

Passport Requested 10/24/46 Received \_\_\_\_\_

Passport Number 11965 Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Overseas Physical TAKEN 10/1/46 Received \_\_\_\_\_

Immunization STARTED 10/1/46 Received \_\_\_\_\_

Permit to Leave Country Requested \_\_\_\_\_ Received \_\_\_\_\_

Availability Date 15 NOV

Financial Arrangements completed 12-6-46 Leave period 7 Oct. 46

Final Security Check 2

Date Departed 12-14-46 Destination Shanghai

Passport V. card \_\_\_\_\_

PICTURES ☒ \_\_\_\_\_

BIRTH ☒ \_\_\_\_\_

CERTIF ☒ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I understand that if I am ordered to a station outside the continental limits of the United States, I will be required to serve a minimum period of eighteen months with a maximum period of thirty months overseas providing SSU requires my services for such a period; and, if I wish to resign or terminate my services before the expiration of eighteen months after the date of departure for an overseas post, SSU or its successor will not pay my return travel expenses.

Newton S. Miles  
(signed)

1 October 1946  
(date)

Y

C O P Y

S E C R E T

8 December 1947

MEMORANDUM FOR THE RECORD

Subject: Far East Personnel

As per the attached request, effective this date, the following employees have been transferred from the Communications Section of ESD #44 and assigned to the duties as relates in their titles. William S. Renahan from Code Clerk to Administrative Assistant. Newton S. Miller from Code Clerk to Intelligence Officer. Hugh R. Redmond from Code Clerk to Administrative Assistant.

The approval for such action is in form of a memorandum from the Chief of FRZ, dated 2 December 1947.

/s/ H. C. Clinkscale

cc: COMMO  
FRZ

S E C R E T

C O P Y

## SECRET

1947

APPENDIX "A" TO MONTHLY REPORT • CHINA • DATED 1 SEPTEMBER 1947

••EXTRACT••

## TDY-OTHER BRANCHES

|                     |      |       |                         |
|---------------------|------|-------|-------------------------|
| Benshan, William S. | Civ. | CAP-7 | Admin. Shanghai         |
| Hoover, Robert E.   | Civ. | CAP-7 | Services - Ink Tsingtao |
| Redmond, Hugh B.    | Civ. | CAP-5 | S I - Mukden            |
| Miller, Newton S.   | Civ. | CAP-5 | S I - KHEENKEH Mukden   |

SECRET



2. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT, LIST MOST RECENT FIRST, DESCRIBE CONCISELY BUT FULLY:  
 Collection of SI information contains primarily to North Korea;  
 collect analyzing and writing intelligence reports; recruiting and  
 dispatching agents and their nets; liaison between two stations to  
 aid in coordination of activities, from 7 Mar 47 to 22 Mar 47 did  
 crypt work in HQ message center; 29 Jan 47 to 7 Mar 47 established  
 a crypt system for operations in 9041 area  
 3. IF COMPLETED BY EMPLOYEE ELSE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF  
 COURSE AND DATE COMPLETED. none

| C. PROFICIENCY IN<br>FOREIGN L.A. - S. | READING |      |      | SPEAKING |      |      | UNDERSTANDING |      |      |
|----------------------------------------|---------|------|------|----------|------|------|---------------|------|------|
|                                        | EXC     | GOOD | FAIR | EXC      | GOOD | FAIR | EXC           | GOOD | FAIR |
| none                                   |         |      |      |          |      |      |               |      |      |

8. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-SS STATE)  
 TYPE OF DUTY LOCATION  
 SI or CE So America  
 SI or CE China  
 SI or CE USA  
 (LIST ONE OF MANY TO BE CHOSEN BY SUPERVISOR)

9. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATEST?  
 MARITAL ST. YES ☒ NO ☐ NUMBER OF DEPENDENTS YES ☒ NO ☐ EMERGENCY ADDRESSEE YES ☒ NO ☐ LEGAL ADDRESS YES ☒ NO ☐  
 IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERE TO, IN THE CASE OF  
 MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW,  
 BROTHERS-IN-LAW AND SISTERS-IN-LAW.

June 1947  
 DATE  
 Signature of Employee: *Robert S. Miles*  
 SIGNATURE OF EMPLOYEE

# SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT  
 DATE FROM DATE TO  
 Jan 47 Jun 47  
 OCCASION FOR REPORT  
 ANNUAL ☒ REASSIGNMENT OF ☐ PROPOSED REASSIGNMENT ☐ COVERING INITIAL TO ☐  
 REPORTING OFFICER OF EMPLOYEE REPORTED ON DATE OF EMPLOYMENT

10. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES ☒ NO ☐ IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES ☒ NO ☐ IF SO, WHAT DUTY OR DUTIES

11. DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES ☒ NO ☐ IF SO, EXPLAIN IN SECTION 11  
 RECOMMENDATION EMPLOYMENT? YES ☒ NO ☐ IF SO, TO WHAT GRADE AND FOR WHAT POSITION?  
 YES ☒ NO ☐ FOR PROMOTION? YES ☒ NO ☐  
 12. HAS YOUR SUPERVISOR CHECKED THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL GROUPS OF THE  
 THE CLASSIFICATION THESE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE  
 GROUP FOR WHICH YOUR SUPERVISOR. DO NOT HESITATE TO MAKE "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE.

| DESIRABLE FACTORS                                     | NOT<br>OBSERVED | DEVELOPING<br>TENDENCY | FAIR | GOOD | VERY<br>GOOD | EXCEL-<br>LENT | NOT<br>RATED |
|-------------------------------------------------------|-----------------|------------------------|------|------|--------------|----------------|--------------|
| 1. ABILITY TO WORK AND GET ALONG WITH PEOPLE          |                 |                        |      |      |              |                |              |
| 2. ABILITY TO INITIATE AND ENFORCE IN GOOD            |                 |                        |      |      |              | X              |              |
| 3. ABILITY TO CONDUCT BUSINESS                        |                 |                        |      |      |              | X              |              |
| 4. ABILITY TO OBEY INSTRUCTIONS AND PLANS             |                 |                        |      |      |              | X              |              |
| 5. ABILITY TO INITIATE TO DUTY                        |                 |                        |      |      | X            |                |              |
| 6. ABILITY TO INITIATE AND ENFORCE IN GOOD            |                 |                        |      |      | X            |                |              |
| 7. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE      |                 |                        |      |      | X            |                |              |
| 8. ABILITY TO INITIATE                                |                 |                        |      |      | X            |                |              |
| 9. ABILITY TO HANDLE AND DIRECT PEOPLE                |                 |                        |      |      | X            |                |              |
| 10. ABILITY TO PERFORMANCE OF PRESENT DUTIES (ITEM 2) |                 |                        |      | X    |              |                |              |
| 11. ABILITY TO EVALUATE INTELLIGENCE INFORMATION      |                 |                        |      |      | X            |                |              |
| 12. ABILITY TO EVALUATE                               |                 |                        |      |      |              | X              |              |
| 13. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 14. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 15. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 16. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 17. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 18. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 19. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |
| 20. ABILITY TO EVALUATE                               |                 |                        |      |      | X            |                |              |

16. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU -  
 DEFINITELY ☐ PREFER NOT ☐ BE SATISFIED ☐ BE PLEASED ☒ PARTICULARLY ☐  
 GET NEXT BEST ☐ TO HAVE HIM ☐ TO HAVE HIM ☐ TO HAVE HIM ☒ DESIRE HIM ☐

17. WERE THERE ANY DESIRABLE REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED  
 PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED  
 ALSO REASONS FOR ANY RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

(IF ADDITIONAL SPACE IS NEEDED STAMP EXTRA SHEET)

1 June 1947  
 DATE

112. REVIEWING OFFICER, CHIEF OF STATION DOES NOT  
 CONCURE WITH THIS REPORT. EXCEPTIONS WILL BE STATED  
 IN SPACE PROVIDED ON THE REVERSE SIDE HEREOF

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE SHOWN TO THE EMPLOYEE REPORTED ON

CONFIDENTIAL

TO: SHANGHAI (DWARF)

OUT 5048

4 AUGUST 1947

RE SHAN 513 (IN 19394)

MILER'S BEST USE IN YOUR AREA DETERMINABLE BY YOU  
PERMANENT TRANSFER TO INTELLIGENCE, POSITIVE OR OTHERWISE  
MUST WAIT DECISION AFTER HIS RETURN TO Z.I. IF YOU FEEL  
PROMOTION WARRANTED, SUBMIT PAPERS FOR CONSIDERATION

CONFIDENTIAL

CONFIDENTIAL

FROM: SHANGHAI (DMARF)

IN 19394

31 JULY 1947

SHAN 513

REQUEST NEWTON S. MILLER BE TRANSFERRED FROM COMMO TO SI  
BRANCH. FOR PAST 5 MONTHS MILLER HAS BEEN ABLY PERFORMING SI  
DUTIES AND IS NOW AT MINDEN FIELD STATION IN JUNIOR INVESTIGATOR  
CAPACITY PROMOTION PAPERS WILL BE POUCHED IF WASHINGTON APPROVES  
TRANSFER.

CONFIDENTIAL

SECRET

*Miler*

FROM: SHASHAI (DWARF)

IN 17694  
SHAN 349

8 JULY 1947

RE WASH 3525

MILER NOW ASSIGNED ON LOAN FROM COMMUNICATIONS AS S.I.  
INVESTIGATOR MINDEN. IS PERFORMING GOOD JOB AND SERVICES NEEDED  
IN VIEW OF PHASING OUT PROGRAM. CABLE FROM KELLIS 20 APRIL RELEASED  
CLAIM ON MILLER(MILER). OLSON STATES PERSONNEL NOW ACTIVELY ENGAGED IN  
COMMUNICATIONS WORK NOT AVAILABLE FOR SEOUL ASSIGNMENT.

SECRET

SECRET

TO: SHANGHAI (UNARP)

OUT 3625

23 JUNE 47

RE SHAN 093 (IN 10379) WASH 0286

ADVISE STATUS ASSIGNMENT MILLER SECUL WHERE KELLIS NEEDS  
CODE CLERK REPLACEMENT.

SECRET

00000

SECRET

ESD #44. Monthly report, communications, dtd 1 April 1947.

Civ. Newton S. Miler - returned from TDY in Tokyo  
Good cryptman, now surplus. Available for transfer to S.I.  
branch, China.



SECRET

*Miler*

TO SECUL, TOKYO

WASH 0300

11 MARCH 1947

CONCUR ASSIGNMENT MILER SENIOR COMMO CLERK SEUL. SHAN  
ADVISED.

SECRET.

SECRET

TO SHANGHAI

11 MAR 1947

WASH 0286

TRANSFER BORDIN TOKYO IMPOSSIBLE. IF SURPLUS YOUR  
NEEDS ADVISE ETD FOR U.S. FOR TERMINATION. MUST CANCEL WIPR'S  
TRANSPORTATION BEFORE 15 MARCH. CONSIDER TRANSFER RICHARDSON.  
APPROVE TRANSFER MILER AS SENIOR COMMO CLERK.

SECRET.

SECRET

FROM SHANGHAI (DEARP)

8 MARCH 1947

IN 10379

RE WASH 0155. IN LINE WITH PEASING OUTPERSONNEL

IT IS REQUESTED THAT FORDIN BE TRANSFERRED TO TOKYO SINCE HE HAS NOT FITTED WELL INTO OUR PICTURE AND HIS SERVICES ARE NOT REQUIRED. IT IS DESIRED THAT MILER BE TRANSFERRED TO SEOUL SINCE HE HAD DEMONSTRATED HIS ABILITY THERE, IS FAMILIAR WITH THE PICTURE AND IS NOT REQUIRED FOR OUR CHINA OPERATION.

IT IS FURTHER REQUESTED THAT AUTHORITY BE GIVEN TO TRANSFER T/SGT CHARLES WILLIAM RICHARDSON TO SERVICES. THIS IS HIS REQUEST AND IS APPROVED BY THIS HEADQUARTERS SUBJECT TO YOUR CONCURRENCE.

SECRET

CONFIDENTIAL

TO SHANGHAI DWARP


6 MARCH 1947

#WASH 0155

REF SHAN 031 (IN 10063). TO CONSIDER TRANSFER MUST KNOW  
REASONS YOUR DECISION. WIFE SCHEDULED LEAVE 22 MARCH. ADVISE  
SOONEST. ALSO REQUEST REPLY RE SEOUL REQUEST FOR MILER.

CONFIDENTIAL

SECRET CONTROL

A handwritten signature, possibly "J. P. ...", is written over the date "1 MAR 1949".  
1 MAR 1949

FROM SEOUL

IN 49359

NEWTON S. MILER (ALSO REC'D MISER,) DESIRES TO REMAIN IN  
SEOUL. IT IS REQUESTED THAT HE BE ASSIGNED TO LIAISON WHITE  
KOREA. HE HAS BEEN WORKING IN INTELLIGENCE WORK HERE IN  
ADDITION TO HIS CRYPT WORK AND HAS BEEN DOING VERY WELL.

SECRET CONTROL.

CONFIDENTIAL.

TO SHANGHAI

16 Dec 1948

WASH 5004

FOLLOWING NAMED PERSONNEL WILL DEPART FROM SPPOE 20 DECEMBER  
FOR SEA SHIPMENT TO SHANGHAI: RONALD I. METZ, PHILLIP B. K.  
POTTER, THOMAS A SMITH, JOHN M. CLOSSON, NEWTON S. MILER, CAPT.  
STANLEY BERGMAN, OLIVER W. HEATHOLE. ERNEST G. WEIDUL WILL  
DEPART FROM FAIRFIELD, CALIFORNIA 17 DECEMBER FOR AIRLIFT TO  
SHANGHAI.

CONFIDENTIAL.

(This form to be prepared in quadruplicate - original to Special Funds Division, duplicate to be pouched to office of destination, triplicate to Administrative Officer, quadruplicate to individual to be carried to destination and surrendered to Special Funds Officer)

1. NAME Newton S. Miller Date 6 December 1946  
2. POSITION Code Clerk CAF-5 ANNUAL GROSS SALARY \$44.00 CONTROL NO. \_\_\_\_\_  
3. DESTINATION Shanghai, China  
4. HOME ADDRESS 64 Fletcher Ave., Mount Vernon, New York  
5. SALARY DATA: (FOR EACH FOUR WEEKLY PAY PERIOD)

A - To be paid by Shanghai Office Station \$ 75.00  
B - Tax withheld in U.S. \$ 27.20  
C - Insurance withheld in U.S. \$ —  
D - Bond deductions withheld in U.S. \$ —  
E - Retirement deductions withheld in U.S. \$ —  
F - Other - (specify in detail) \$ —  
G - To be paid to allottee by Washington Office \$ 101.24

Total Gross Salary Per Pay Period \$ 203.44

6. Overseas payment to begin with payroll period 15 Dec. 1946 Through 11 Jan. 1947

7. Allotment Instructions:  
Mail or deliver four weekly check to Mrs. Elizabeth C. Miller Name as it should appear on check  
At the following address 64 Fletcher Ave., Mount Vernon, New York

8. All adjustments in salary to be effected in: (initial one)

A - Not overseas payment \_\_\_\_\_ B - U.S. Allotment X  
9. Leave balance as of \_\_\_\_\_ (Approximate date of departure)

A - Annual leave \_\_\_\_\_ Hours B - Sick Leave \_\_\_\_\_ Hours

10. Classification of Assignment: (Check one) Temporary \_\_\_\_\_ Permanent X  
11. Payment of allowances for quarters and/or cost of living is X is not \_\_\_\_\_ authorized (check one)

12. Authorization of allowances for quarters and/or cost of living is in accordance with Bureau of the Budget Circular A-3

13. Allowance for quarters and cost of living data: (cite authority)  
(To be stated in cases where deemed necessary by Special Funds Division - if filled in it will be the responsibility of person making payment to ascertain that the maximum, as shown is allowable under existing regulations in each individual case, and that all proper deductions are made)

| Current Maximum Rate Authorized | Annual           | Per Four Weekly Pay Period |
|---------------------------------|------------------|----------------------------|
| Quarters                        | \$ _____         | \$ _____                   |
| Cost of Living                  | \$ _____         | \$ _____                   |
| Other (specify) _____           | \$ <u>193.60</u> | \$ <u>12.30</u>            |

14. Dependency Status:  
\_\_\_\_\_ Married with dependents in area \_\_\_\_\_ Married without dependents in area  
\_\_\_\_\_ Single with dependents in area X Single without dependents in area

15. Advances transferred none as per T/A attached

16. REMARKS: For Per Diem while enroute, see reverse side.

APPROVED:  
Administrative Officer E. Pearson

Branch Chief E. Schuyler

Personnel Officer E. Schuyler

Special Funds Officer E. Schuyler

I hereby authorize and direct the Special funds Division to make the above allotments from my compensation.

Newton S. Miller  
Signature of Employee.

SECRET





DUNNY

9 December.

CALL TO PORT OF EMBARKATION.

THOMAS A. SMITH  
JOHN M. CLOSSON  
NEWTON S. MILER

Original in Thomas A. Smith's Folder.

00000

**SECRET**

Special Funds, Attention: Mr. Davis  
Chief, Communications

10 December 1946

Passage Money for: Newton Scott Miller  
Thomas A. Smith  
John M. Closson

1. It is requested that subjects be given in cash the sum of \$250.00 each in order to pay for passage from San Francisco to Shanghai, China.

2. The CIG Transportation Officer has notified this office that transportation for these men has been authorized, and that they are departing Washington, D. C., 14 December to board a commercial vessel 19 December bound for Shanghai.

3. These men have been instructed to return receipts received upon payment of passage. These receipts will be forwarded to Special Funds.

R. E. SCHUKRAFT  
Chief, Communications

**SECRET**

Received from George Brickemaier  
the sum of five hundred (\$500) dollars  
this twelfth day of December the  
year of our Lord nineteen hundred  
and forty six.

Newton Scott Miler

SECRET

Special Funds Attention: Mr. Davis

6 December 1946

Chief, Communications

Travel Advance

1. It is requested that Mr. Newton S. Miler be advanced the sum of \$200 to cover expenses incidental to travel between Washington, D. C., and Shanghai, China. Mr. Miler is traveling by sea.

2. It is also requested that repayment deduction be made from Mr. Miler's domestic allotment.

ROBERT E. SCHUKRAFT  
Chief, Communications

SECRET

RESTRICTED

FORM 2800-M

STRATEGIC COMMUNICATIONS UNIT  
WASHINGTON, D. C.

1. TRAVELER MILAN Newton S. civ--unvouchered  
 (LAST NAME) (FIRST NAME) (INITIAL) (RANK/GRADE)  
 (SERVICE) (SERIAL NO.)
2. JOB DESCRIPTION Communications code clerk CAF-5 \$2644.80  
 (TITLE) (GRADE IF CIVILIAN)
3. USING BRANCH OR OFFICE Communications BY 10/9/46  
 (Signature) (Date)
4. PERSONNEL BRANCH DATE EMPLOYED BY (Signature) (Date)  
 (DATE EMPLOYED) (GRADE)
5. OPERATIONS DIVISION (YES) (NO) BY (Signature) (Date)  
 (YES) (NO)
6. REMARKS: Destination: Shanghai. Air auth. Approved "W" school 9/28/46.  
Availability date c/s shipment: 15 Nov 1946. Security  
rec'd 28 Sept 46.

NOTE - THIS COMPLETED FORM TO BE DELIVERED TO THE  
 TRANSPORTATION OFFICE, ROOM 220, CENTRAL  
 BUILDING, WASHINGTON, D. C.

RESTRICTED

SECRET  
OFFICE OF STRATEGIC SERVICES  
WASHINGTON, D. C.

|                 |   |
|-----------------|---|
| INDIVIDUAL      | 2 |
| GROUP           |   |
| NUMBER IN GROUP |   |

1. THIS PAGE TO BE RETAINED IN FILES.

Date 24 October 1946

2. OF: Communications 3. By Charles J. Conlon Tel. 627 Room 100 Bldg North

4. SUBJECT: DATES OF APPROVALS RECEIVED BY TRAVEL SPONSOR.

Overseas transportation and orders have been requested for each individual specified in this form to travel under the conditions and to the destination described below:

Traveler or group leader Miler Newton Civilian  
(Last name) (First name) (Rank, Grade, or Title) (Serial number)

Address (Residence or quarters) 2420 E. Sts. N. W., Washington, D. C. Tel. No. \_\_\_\_\_

Official Washington Starting Washington, D. C. Availability or 15 Nov. 46 Travel by air  
station & point & readiness date by (mode, etc.)

11. and itinerary Shanghai, China

Change of station Permanent From Washington, D. C. To Shanghai, China  
(Particulars of transfer) (Mode of transport, if different from that of the traveler)

Reporting Chief of Mission Returning On  
to (Agency) to (Agency) (Approx. date)

14. considered None 15. paid from Special funds 16. expense, \$ \_\_\_\_\_ 17. to be charged \_\_\_\_\_

Identification not authorized 18. Official courier not requested for Mr. Miler  
(If authorized, specify) (If requested, specify name of individual or individuals)

Equipment None None  
to be taken (Specify or attach table of equipment)

21. (Civilian clothing for service personnel) \_\_\_\_\_ authorized. 22. Excess baggage allowance in the amount of None lbs. is requested  
(In lbs. max) (In lbs. max)

PRIOR TO DEPARTURE THE FOLLOWING REQUIREMENTS WILL HAVE BEEN MET

23. Documents: (Passports and visa; draft board, exit, and re-entry permits; Special Orders, etc.) ☐ Not required; ☒ Obtained.

24. Medical examinations and immunization completed ☒

Approvals on signed pages of this request have been received from the following officials:

Finance Officer, dated \_\_\_\_\_; Theater Officer, dated \_\_\_\_\_; Security Office dated \_\_\_\_\_

APPROVED-  
TRAVEL SPONSOR-

Signature Charles J. Conlon Date 24 October 1946

Office On BEACH Chief- CHARLES J. CONLON Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THEATER COMMANDER- \_\_\_\_\_

Cable \_\_\_\_\_ "CM-IN" \_\_\_\_\_ Target \_\_\_\_\_ Priority \_\_\_\_\_  
date No. date designation

Space below is for use of Transportation Office only

Transportation Office No. 1947-6 Group No. \_\_\_\_\_ Section No. \_\_\_\_\_

SECRET

16-2543-1

OFFICE OF STRATEGIC SERVICES  
Washington, D. C.

CONN

17 October 1946 194

MILER, NEWTON S.

was given a physical

examination on this date and found qualified for

- ☒ Full Duty Overseas  
☐ Limited Duty Overseas  
☐ Duty in USA Only

Profile Serial (For Army EM only)

Defects Noted: NONE

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

*John C. Howard*  
John C. Howard  
JOHN - CAPT. M.C.

(70991)

MILER, Newton S.

11 Lebanon St.  
Hanover, N. H.

CAF-5 5264490

2 Aug - Memo to Demian to send forms and bring in for school  
9 Aug - Demian and forms 2644. School 28 Aug.  
26 Aug - 1001's NEW APPOINTMENT & TRANSFER FORWARDED  
19 SEPT. 1001's CANCELLATION SUB.  
19 SEPT. engagement submitted.  
7 Oct. 46 - EOD  
Trans. approach 20 October 46

OSS PERSONNEL ACTION REQUEST  
(BE SIGNED AND SUBMITTED IN TRIPlicate)

|                                                                                                                                                                                                                                                                                     |  |                                     |                                     |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-------------------------------------|---------------|
| NAME: <b>WILK, Newton S.</b>                                                                                                                                                                                                                                                        |  | INITIAL                             |                                     | DATE          |
| NATURE OF ACTION: <b>Transfer</b>                                                                                                                                                                                                                                                   |  | CLASSIFICATION <b>IRB</b>           |                                     | <b>7-5-46</b> |
| EFFECTIVE DATE: <b>As soon as possible</b>                                                                                                                                                                                                                                          |  | VICE                                |                                     | <b>F-490</b>  |
| FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS<br>LAST WORKING DAY:                                                                                                                                                                                                               |  | 1A                                  |                                     |               |
| FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY<br>SIGNATURE OF EMPLOYEE:                                                                                                                                                                                                                |  | 11                                  |                                     |               |
| SPECIAL INSTRUCTIONS:<br>1. FOR MILITARY LEAVE WITHOUT PAY - ATTACH 3 COPIES OF<br>MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-<br>STAT OR CERTIFIED COPY.<br>2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT,<br>FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS. |  | NEW                                 | <input checked="" type="checkbox"/> |               |
|                                                                                                                                                                                                                                                                                     |  | BUDGET                              |                                     |               |
|                                                                                                                                                                                                                                                                                     |  | EMPLOYMENT                          |                                     |               |
|                                                                                                                                                                                                                                                                                     |  | CHIEF, CIVILIAN<br>PERSONNEL BRANCH |                                     |               |

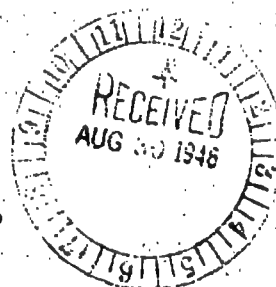
|                  | FROM                              | TO                                |
|------------------|-----------------------------------|-----------------------------------|
| TITLE            | <b>Code Clerk (Comm.)</b>         | <b>Code Clerk (Comm.)</b>         |
| GRADE AND SALARY | <b>CAF-5, \$2644.80 per annum</b> | <b>CAF-5, \$2644.80 per annum</b> |
| BRANCH           | <b>Ops Aux</b>                    | <b>Ops Aux</b>                    |
| DIVISION         | <b>Communications</b>             | <b>Communications</b>             |
| SECTION          |                                   |                                   |
| OFFICIAL STATION | <b>Washington</b>                 | <b>China</b>                      |
| DEPT. OR FIELD   | <b>Field</b>                      | <b>Field</b>                      |

REMARKS on PROPOSED DUTIES:

**A-1-7 Funds**



**CANCELLED**  
*led on Sp. Funds*  
**OCT 10 1946**



RECOMMENDED:

**CHARLES M. ENGLISH, Executive Officer**

DATE:

**28 August 1946**

OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

**1630**



OSS PERSONNEL ACTION REQUEST  
(BE SIGNED AND SUBMITTED IN TRIP) (TE)

|                                                                                                                                                                                                                                                                                   |                                         |              |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|--------------------|
| NAME: <b>MR. Euston S.</b>                                                                                                                                                                                                                                                        | CLASSIFICATION <b>111</b>               | INITIAL      | DATE <b>7-4-46</b> |
| NATURE OF ACTION: <b>New Appointment</b>                                                                                                                                                                                                                                          | VICE                                    | <b>F-490</b> |                    |
| EFFECTIVE DATE: <b>As soon as possible</b>                                                                                                                                                                                                                                        | 1A                                      |              |                    |
| FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS<br>LAST WORKING DAY:                                                                                                                                                                                                             | VV                                      |              |                    |
| FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY<br>SIGNATURE OF EMPLOYEE:                                                                                                                                                                                                              | NEW <input checked="" type="checkbox"/> |              |                    |
| SPECIAL INSTRUCTIONS:<br>1. FOR MILITARY LEAVE WITHOUT PAY—ATTACH 3 COPIES OF<br>MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-<br>STAT OR CERTIFIED COPY.<br>2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT,<br>FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS. | BUDGET                                  |              |                    |
|                                                                                                                                                                                                                                                                                   | EMPLOYMENT                              |              |                    |
|                                                                                                                                                                                                                                                                                   | CHIEF, CIVILIAN<br>PERSONNEL BRANCH     |              |                    |

| FROM             |  | TO                                |
|------------------|--|-----------------------------------|
| TITLE            |  | <b>Staff Clerk (Comm.)</b>        |
| GRADE AND SALARY |  | <b>CAF-5, \$2644.80 per annum</b> |
| BRANCH           |  | <b>Op. Axx</b>                    |
| DIVISION         |  | <b>Communications</b>             |
| SECTION          |  |                                   |
| OFFICIAL STATION |  | <b>Washington</b>                 |
| DEPT. OR FIELD   |  | <b>Field</b>                      |

REMARKS OR PROPOSED DUTIES:

**A-1-7 Funds**



**CANCELLED**  
**led on Sp. Funds**  
**OCT 10 1946**



**RECOMMENDED:** *Charles M. English* **DATE:** **28 August 1946**

**OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER**

**1630**

# ENGAGEMENT SHEET

1. To be filled out in duplicate by the Unit Administrative Officer for all prospective employees to be paid from Special Funds.
2. To be accompanied by detailed job description, complete biographical sketch, and a formal notice of security clearance, and Personnel Action Request if engagement is overseas.
3. To be approved or accepted by the officers in the order listed below.
4. Original to be retained by S.F.; copy to be returned to initiating Administrative Officer.

1. NAME: Newton Scott Miller

2. LEGAL RESIDENCE: 64 Fletcher Avenue, Mount Vernon, N. Y.

3. ADDRESS OF LOCAL LIVING QUARTERS: \_\_\_\_\_ TEL. \_\_\_\_\_

4. ENTRANCE ON DUTY DATE: 20 October 1946

5. ANNUAL SALARY: CAP-5, \$2644.80 per annum CLASSIFICATION: \_\_\_\_\_

6. PERMANENT STATION: China

7. POSITION: Code Clerk CONTROL NO. \_\_\_\_\_

8. IF SUBJECT HAS BEEN TRANSFERRED, STATE BUREAU, BRANCH, OR DEPARTMENT OF THE U.S. GOVERNMENT FROM WHICH TRANSFERRED: SSU - COB 19 Oct 1946

9. GENERAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPROVAL AND ACCEPTANCE (in accordance with existing personnel engagement procedures)

A. ADMINISTRATIVE OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

B. BRANCH CHIEF \_\_\_\_\_ DATE \_\_\_\_\_

C. CHAIRMAN, PERSONNEL REVIEW COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

D. (For the) ASSISTANT DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

E. CHIEF, SPECIAL FUNDS \_\_\_\_\_ DATE \_\_\_\_\_

Special Funds  
Communications Division  
Hilor, Newton S.

**SECRET**

7 October 1946

1. The above named subject entered on duty on .003 Funds  
7 October 1946.

2. Attached are No Strike Affidavit and W-4 Forms.

E. PEARSON

**SECRET**

**CONFIDENTIAL**

Mr. Byron Sarvis, Personnel Branch, Rm 188  
Security Division S. Bldg.

4 Oct 1946

**Clearance of Personnel for Cryptographic Duties.**

The following named personnel have been cleared for the purpose of performing cryptographic duties effective September 30, 1946.

Mr. Sanford C. Curcio  
Mr. Ralph P. Day  
Mr. Loys G. Fernald  
Miss Marion E. Lee  
Mr. Newton S. Miller.  
Mr. William L. Sawyer.

Ergin W. Schmidt,  
Security Officer.

**CONFIDENTIAL**

**SECRET**

|                |
|----------------|
| SECRET         |
| Auth. _____    |
| Initials _____ |
| Date _____     |

Chief, Personnel Division

Chief, Communications Division

Personnel Justification: Mr. Newton S. Miler  
Mr. Jackson E. Nordin  
Mr. Thomas A. Smith

1. It is requested that approval be granted for the transportation by air to Shanghai, China of the above named man.
2. These three men are being trained and processed for overseas assignment as communications code clerks at field or base stations in China. They are being sent as part of the allotment of code clerks requested in Shanghai cable IN40909, dated 25 August 1946.
3. All three of these men are presently enrolled in the course of training and indoctrination established by the Communications Division, and have maintained excellent ratings in this school. Upon completion of this specialized training, each man will be fully qualified to assume his duties overseas.
4. It is recommended that this justification be approved.

For the Chief, Communications:

CHARLES H. ENGLISH  
Executive Officer.

APPROVED:

**SECRET**

# OATH OF OFFICE

STRATEGIC SERVICES UNIT  
WAR DEPARTMENT  
WASHINGTON, D. C.

I, Newton S. Miler, do solemnly swear (or affirm) that, unless authorized in writing by the Director, SSU, I will not disclose or reveal either by word, by conduct, or by any other means, any information affecting the national interest or the national defense which I may obtain by reason of my employment by the Strategic Services Unit, War Department, and I will forever keep secret any information so obtained by me.

I do further solemnly swear (or affirm) that I have read and understand the Security Regulations of the Strategic Services Unit, in force at the date of taking this oath, and Sections 31 and 32 of Title 50, U.S.C., known as the "Espionage Act," and that I do hereby bind myself to abide and be governed by them and by any supplements or amendments thereto.

I do further solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Newton S. Miler

Subscribed and sworn to before me, the under-

signed, this 7 day of Oct 1946.

Ethel Pearson

SSU-Administrative Assistant  
\*Act of June 26, 1943, Section 200

Date 7 Oct 46

TO: SSG

FROM: Personnel Office

SUBJECT: Newton S. Miller Cipher Training

NOTE: Check all appropriate statements

## 1. Status:

- a. Subject is former OSS/OSU employee  
☒ b. Subject is new OSU employee

## 2. Status security clearance:

- ☒ a. Subject has OSU clearance as of 30 Sept 46  
☐ b. If new employee, subject has received initial security clearance as of \_\_\_\_\_  
☒ c. Subject has G-2 clearance as of 7 Oct 46  
☐ d. Request for subject's G-2 clearance \_\_\_\_\_  
☒ e. Subject has signed Espionage Act

## 3. Designation:

- ☒ a. Subject is civilian employee of OSU  
☐ b. Subject is in military service, assigned to OSU

## 4. Specialty:

- ☐ a. Subject is radio operator, \_\_\_\_\_ experienced, \_\_\_\_\_ not  
☐ b. Subject is radio operator technician, \_\_\_\_\_ experienced, \_\_\_\_\_ not  
☐ c. Subject is radio technician, \_\_\_\_\_ experienced, \_\_\_\_\_ not  
☒ d. Subject is code clerk, \_\_\_\_\_ experienced, ☒ not  
☐ e. Subject is code room supervisor, \_\_\_\_\_ experienced, \_\_\_\_\_ not  
☒ f. Subject is typist, 30 words per minute

## 5. Future assignment:

- ☐ a. Subject will be assigned for duty in Washington  
☒ b. Subject will be assigned to duty in China Theater or Mission  
☐ c. Subject will be under \_\_\_\_\_ cover  
☐ d. Date of subject's departure for overseas assignment is approximately \_\_\_\_\_

6. Subject will be available for cipher instruction on or about immediately

## 7. Remarks:

S E C R E T

I understand that if I am ordered to a station outside the continental limits of the United States, I will be required to serve a minimum period of eighteen months with a maximum period of thirty months overseas providing SSU requires my services for such a period; and, if I wish to resign or terminate my services before the expiration of eighteen months after the date of departure for an overseas post, SSU or its successor will not pay my return travel expenses.

*Thomas A. Smith*  
(signed)

(?)

7 Oct 1946  
(date)



ESPIONAGE ACT

1. Unlawfully obtaining or permitting to be obtained information affecting national defense. - That (a) whoever, for the purpose of obtaining information respecting the national defense with intent or reason to believe that the information to be obtained is to be used to the injury of the United States, or to the advantage of any foreign nation, goes upon, enters, flies over, or otherwise obtains information concerning any vessel, aircraft, work of defense, navy station, submarine base, coaling station, navy yard, fort, battery, torpedo station, dockyard, canal, railroad, arsenal, camp, factory, mine, telegraph, telephone, wireless, or signal station, building, office, or other place connected with the national defense, owned or constructed, or in progress of construction by the United States or under the control of the United States, or of any of its officers or agents, or within the exclusive jurisdiction of the United States, or any place in which any vessel, aircraft, arms, munitions, or other materials or instruments for use in time of war are being made, prepared, repaired, or stored, under any contract or agreement with the United States, or with any person on behalf of the United States, or otherwise on behalf of the United States, or any prohibited place within the meaning of section 6 of this title; or (b) whoever for the purpose aforesaid, and with like intent or reason to believe, copies, takes, makes, or obtains, or attempts, or induces or aids another to copy, take, make, or obtain, any sketch, photograph, photographic negative, blue print, plan, map, model, instrument, appliance, document, writing, or note of anything connected with the national defense; or (c) whoever, for the purpose aforesaid, receives or obtains or agrees or attempts or induces or aids another to receive or obtain from any person, or from any source whatever, any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, or note, of anything connected with the national defense, knowing or having reason to believe, at the time he receives or obtains, or agrees or attempts or induces or aids another to receive or obtain it, that it has been or will be obtained, taken, made or disposed of by any person contrary to the provisions of this title; or (d) whoever, lawfully or unlawfully having possession of, access to, control over, or being intrusted with any document, writing, code book, signal book, sketch,

photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, or note relating to the national defense, willfully communicates or transmits or attempts to communicate or transmit the same to any person not entitled to receive it, or willfully retains the same and fails to deliver it on demand to the officer or employee of the United States entitled to receive it; or (c) whoever, being intrusted with or having lawful possession or control of any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, note, or information, relating to the national defense, through gross negligence permits the same to be removed from its proper place of custody or delivered to anyone in violation of his trust, or to be lost, stolen, abstracted, or destroyed, shall be punished by imprisonment for not more than ten years and may, in the discretion of the court, be fined not more than \$10,000. Sec. 1, Title I, act 15 June 1917 (40 Stat. 217), as amended by sec. 1, act 28 March 1940 (54 Stat. 79; 50 U.S.C. 31).

2. Unlawfully disclosing information affecting national defense. - (a) Whoever, with intent or reason to believe that it is to be used to the injury of the United States or to the advantage of a foreign nation, communicates, delivers, or transmits, or attempts to, or aids or induces another to, communicate, deliver, or transmit, to any foreign government, or to any faction or party or military or naval force within a foreign country, whether recognized or unrecognized by the United States, or to any representative, officer, agent, employee, subject, or citizen thereof, either directly or indirectly, any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, note, instrument, appliance, or information relating to the national defense, shall be punished by imprisonment for not more than twenty years: Provided, That whoever shall violate the provisions of subsection (a) of this section in time of war shall be punished by death or by imprisonment for not more than thirty years; and (b) whoever, in time of war, with intent that the same shall be communicated to the enemy, shall collect, record, publish, or communicate, or attempt to elicit any information with respect to the movement, numbers, description, condition, or disposition of any of the armed forces, ships, aircraft, or war materials of the

United States, or with respect to the plans or conduct, or supposed plans or conduct of any naval or military operations, or with respect to any works or measures undertaken for or connected with, or intended for the fortification or defense of any place, or any other information relating to the public defense, which might be useful to the enemy, shall be punished by death or by imprisonment for not more than thirty years. Sec. 2, act 15 June 1917 (40 Stat. 218; 50 U.S.C. 32).

OATH OF OFFICE

I, Thomas Alan Smith do solemnly swear (or affirm) that, unless otherwise permitted or authorized, I will not reveal or disclose either by word or by conduct any information which I may obtain by reason of my employment by the Strategic Services Unit, War Department, and I will forever keep secret any information so obtained by me.

I do further solemnly swear (or affirm) that I have read and understand the Security Regulations of the Strategic Services Unit, War Department, in force at the date of taking this oath, and Sections 31 and 32 of Title 50, U.S.C., known as the "Espionage Act", and that I do hereby bind myself to abide and be governed by them and by any supplements or amendments thereto.

Thomas A. Smith  
(Signature of Applicant)

Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of Oct 19 45, at city (or town) of Wash, County of DC, and State (or Territory or District) of \_\_\_\_\_.

Ethel Pearson  
(Signature of officer)

Act of June 26, 1943, Section 206  
SSU-Administrative Assistant  
(Official title)

SSU-Administrative Assistant  
"Act of June 26, 1943, Section 206"

Personnel Section

*file*  
1 Oct. 1946

Chief, Message Center

EOB

It is requested that Messrs Norden, Wiler, and Smith be called to duty immediately to prepare for overseas assignments.

HIE

00000

By phone call  
will report for duty.  
Money - Oct 7, 1946

---

## SECURITY OFFICE

CONFIDENTIAL

## Investigation Report

Date: 23 September 1948

Subject: MILLER, Newton Scott

Number: 29090

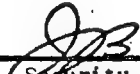
To: Mr. Byron C. Garvin

1. Investigation directed by: JB
2. Sources of information:
3. Remarks:

4. Recommendation:

Security approval recommended, though subject  
to the receipt of derogatory information at some  
future date. Interviews waived.

By

  
Security Officer  
JOSEPH BURK

fgj

cc: Miss Ethel Pearson ✓  
Mr. John P. Blake

CONFIDENTIAL

CONFIDENTIAL

(35693)

OSS Form 2201  
(Rev. 3/11/44)

**SECRET**

**THRU** : Special Funds  
Salary Review Board  
Communications Division

20 Sept 49

**Attached Engagement Sheets and Documents**

1. Attached are Engagement Sheets and other Documents on the following named personnel, which are to be presented to the Salary Review Board meeting today:

SMITH, Bernarda C.  
SADACH, Albert J.  
WHILDEN, Glenn H.  
MILER, Horton S.  
DOHERTY, Edward J.  
BONDIE, Jackson B.  
WEST, David B.  
SMITH, Thomas A.  
MCDONALD, Patricia A.  
AUSTIN, William G.  
BRYANT, George F.  
HEWLE, Charles L., Jr.  
CLOSSON, John H.

JOHN W. COPPEY  
Chief, Communications

**SECRET**

SECRET

ENGAGEMENT SHEET

1. To be filled out for all employees paid by Special Funds Branch other than those covered by Employment Data Sheets.
2. To be filled out by the Employing Officer.
3. To be approved or accepted by the officers in the order listed below.
4. To be filed with Special Funds Branch on completion.

*Sent to Service  
Sept 19, 1946.  
(No 504)*

1. NAME: Newton S. Miller
2. LEGAL RESIDENCE: 64 Fletcher Avenue, Mount Vernon, N. Y.
3. ADDRESS OF LOCAL LIVING QUARTERS: \_\_\_\_\_ TEL. \_\_\_\_\_
4. OFFICE LOCATION: BUILDING South ROOM NO. 209 TEL. EXT. 2368
5. ENTRANCE ON DUTY DATE: To be established
6. ANNUAL SALARY: CAP-5, \$2644.80 per annum
7. PER DIEM (if any): \_\_\_\_\_
8. POSITION: Code Clerk
9. PAYMENT INSTRUCTIONS: \_\_\_\_\_
10. IF SUBJECT HAS BEEN TRANSFERRED, STATE BUREAU, BRANCH, OR DEPARTMENT OF THE U.S. GOVERNMENT FROM WHICH TRANSFERRED: \_\_\_\_\_
11. STATE THEATER COMMAND TO WHICH SUBJECT WILL EVENTUALLY REPORT: China
12. GENERAL REMARKS: \_\_\_\_\_

APPROVAL AND ACCEPTANCE

- |                           |               |      |                      |
|---------------------------|---------------|------|----------------------|
| A. EMPLOYING OFFICER      | <u>H.E.E.</u> | DATE | <u>Sept 19, 1946</u> |
| B. SECURITY OFFICER       | _____         | DATE | _____                |
| C. PERSONNEL OFFICER      | _____         | DATE | _____                |
| D. ADMINISTRATIVE OFFICER | _____         | DATE | _____                |
| E. BRANCH CHIEF           | _____         | DATE | _____                |
| F. SPECIAL FUNDS OFFICER  | _____         | DATE | _____                |

SECRET



QUALIFICATIONS AND EXPERIENCE

NAME: Miler, Newton S.  
BIRTHPLACE: Mason City, Iowa  
AGE: 20  
LANGUAGES: SEE ATTACHED FORM 57

TRAVEL:

SALARY RANGE:

EXPERIENCE:

PERSONNEL ACTION REQUEST  
(TO BE SIGNED AND SUBMITTED IN TRIPLICATE)

|                                                                                                                                                                                                                                                                                   |  |                                     |  |      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|------|--|
| NAME: <b>Miller, Gordon A.</b>                                                                                                                                                                                                                                                    |  | INITIAL                             |  | DATE |  |
| NATURE OF ACTION: <b>Cancellation Action 30 August 1948</b>                                                                                                                                                                                                                       |  | CLASSIFICATION                      |  |      |  |
| EFFECTIVE DATE:                                                                                                                                                                                                                                                                   |  | VICE                                |  |      |  |
| FOR SEPARATIONS, TRANSFERS OCT. AND RESIGNATIONS<br>LAST WORKING DAY:                                                                                                                                                                                                             |  | 1A                                  |  |      |  |
| FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY<br>SIGNATURE OF EMPLOYEE:                                                                                                                                                                                                              |  | VV                                  |  |      |  |
| SPECIAL INSTRUCTIONS:<br>1. FOR MILITARY LEAVE WITHOUT PAY—ATTACH 3 COPIES OF<br>MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-<br>STAT OR CERTIFIED COPY.<br>2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT,<br>FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS. |  | NEW                                 |  |      |  |
|                                                                                                                                                                                                                                                                                   |  | BUDGET                              |  |      |  |
|                                                                                                                                                                                                                                                                                   |  | EMPLOYMENT                          |  |      |  |
|                                                                                                                                                                                                                                                                                   |  | CHIEF, CIVILIAN<br>PERSONNEL BRANCH |  |      |  |

| FROM             |                                     | TO |
|------------------|-------------------------------------|----|
| TITLE            | <b>Cate Clerk</b>                   |    |
| GRADE AND SALARY | <b>CAS-6, (\$2446.80 per annum)</b> |    |
| BRANCH           | <b>Qtr Area</b>                     |    |
| DIVISION         | <b>Communication</b>                |    |
| SECTION          |                                     |    |
| OFFICIAL STATION | <b>Chico</b>                        |    |
| DEPT. OR FIELD   | <b>Field</b>                        |    |

REMARKS or PROPOSED DUTIES:

**1-1-48 Action**

RECOMMENDED: **CHARLES E. KULLICK, Executive Officer**

DATE: **10-4-1948**

OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

Security Office Attn: Mr. Joseph Burk

23 August 1945

Personnel Division

Security & G-2 Clearance

Attached hereto is a Personal History Statement on Mr. Newton Scott Miler who is being considered for an assignment with Commo.

It is requested that SSU & G-2 clearance be initiated as soon as possible and a copy of the final recommendation be forwarded to Miss Pearson and Mr. Blake.

Livia M. Demian  
Procurement and Placement Section  
Personnel Division

Attachment:

CC: Miss Pearson

*Pictures in G-2  
according to Williamson 13 Sept 45*

**OSS PERSONNEL ACTION REQUEST**  
(BE SIGNED AND SUBMITTED IN TRIPLICATE)

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------|-----------------------|--|--|-------------|--|--|-----------|--|--|-----------|--|--|------------|--|--|
| <b>NAME:</b> <u>MILLER, Herbert S.</u>                                                                                                                                                                                                                                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;"><b>INITIAL</b></td> <td style="width:20%; text-align: center;"><b>DATE</b></td> </tr> <tr> <td><b>CLASSIFICATION</b></td> <td></td> <td></td> </tr> <tr> <td><b>VICE</b></td> <td></td> <td></td> </tr> <tr> <td><b>1A</b></td> <td></td> <td></td> </tr> <tr> <td><b>VV</b></td> <td></td> <td></td> </tr> <tr> <td><b>NEW</b></td> <td></td> <td></td> </tr> </table> |             | <b>INITIAL</b> | <b>DATE</b> | <b>CLASSIFICATION</b> |  |  | <b>VICE</b> |  |  | <b>1A</b> |  |  | <b>VV</b> |  |  | <b>NEW</b> |  |  |
|                                                                                                                                                                                                                                                                                          | <b>INITIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DATE</b> |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>CLASSIFICATION</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>VICE</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>1A</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>VV</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>NEW</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>NATURE OF ACTION:</b> <u>Transfer</u>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>EFFECTIVE DATE:</b> <u>As soon as possible</u>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS<br/>LAST WORKING DAY:</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY<br/>SIGNATURE OF EMPLOYEE:</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |
| <b>SPECIAL INSTRUCTIONS:</b><br>1. FOR MILITARY LEAVE WITHOUT PAY—ATTACH 3 COPIES OF<br>MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-<br>STAT OR CERTIFIED COPY.<br>2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT,<br>FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS. | <b>BUDGET</b><br><br><br><br><b>EMPLOYMENT</b><br><br><br><br><b>CHIEF, CIVILIAN<br/>PERSONNEL BRANCH</b>                                                                                                                                                                                                                                                                                                                                                                                                              |             |                |             |                       |  |  |             |  |  |           |  |  |           |  |  |            |  |  |

| FROM                    |                            | TO                         |
|-------------------------|----------------------------|----------------------------|
| <b>TITLE</b>            | Code Clerk                 | Code Clerk                 |
| <b>GRADE AND SALARY</b> | CAF-8, \$2844.50 per annum | CAF-8, \$2844.50 per annum |
| <b>BRANCH</b>           | Off AUC                    | Off AUC                    |
| <b>DIVISION</b>         | Communications             | Communications             |
| <b>SECTION</b>          |                            |                            |
| <b>OFFICIAL STATION</b> | Washington                 | China                      |
| <b>DEPT. OR FIELD</b>   | Field                      | Field                      |

**REMARKS OR PROPOSED DUTIES:**

*See? Funds*

**RECOMMENDED:** CHARLES H. HENRIEN, Executive Officer

**DATE:** 23 August 1946

**OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER**

OSS PERSONNEL ACTION REQUEST  
 TO BE SIGNED AND SUBMITTED IN TRIPL (TE)

|                                                                                                                                                                                                                                                                                   |  |                                     |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|------|
| NAME: <b>NYER, Newton S.</b>                                                                                                                                                                                                                                                      |  | INITIAL                             |  | DATE |
| NATURE OF ACTION: <b>New Appointment</b>                                                                                                                                                                                                                                          |  | CLASSIFICATION                      |  |      |
| EFFECTIVE DATE: <b>As soon as possible</b>                                                                                                                                                                                                                                        |  | VICE                                |  |      |
| FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS<br>LAST WORKING DAY:                                                                                                                                                                                                             |  | IA                                  |  |      |
| FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY<br>SIGNATURE OF EMPLOYEE:                                                                                                                                                                                                              |  | VV                                  |  |      |
| SPECIAL INSTRUCTIONS:<br>1. FOR MILITARY LEAVE WITHOUT PAY—ATTACH 3 COPIES OF<br>MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO-<br>STAT OR CERTIFIED COPY.<br>2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT,<br>FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS. |  | NEW                                 |  |      |
|                                                                                                                                                                                                                                                                                   |  | BUDGET                              |  |      |
|                                                                                                                                                                                                                                                                                   |  | EMPLOYMENT                          |  |      |
|                                                                                                                                                                                                                                                                                   |  | CHIEF, CIVILIAN<br>PERSONNEL BRANCH |  |      |
| FROM                                                                                                                                                                                                                                                                              |  | TO                                  |  |      |
| TITLE                                                                                                                                                                                                                                                                             |  | Code Clerk                          |  |      |
| GRADE AND SALARY                                                                                                                                                                                                                                                                  |  | CAF-3, \$2044.80 per annum          |  |      |
| BRANCH                                                                                                                                                                                                                                                                            |  | Cpr Aux                             |  |      |
| DIVISION                                                                                                                                                                                                                                                                          |  | Communications                      |  |      |
| SECTION                                                                                                                                                                                                                                                                           |  |                                     |  |      |
| OFFICIAL STATION                                                                                                                                                                                                                                                                  |  | Washington                          |  |      |
| DEPT. OR FIELD                                                                                                                                                                                                                                                                    |  | Field                               |  |      |
| REMARKS OR PROPOSED DUTIES:                                                                                                                                                                                                                                                       |  |                                     |  |      |

**A-1-7 Penda**

RECOMMENDED:

**CHARLES M. ENGLISH, Executive Officer**

DATE:

**23 August 1946**

OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

# Office Memorandum • UNITED STATES GOVERNMENT

TO : Communications Personnel

DATE: 27 August, 1946

FROM : Chief, Message Center

SUBJECT: Mr. Miler

Request that subject be hired as a CAF-5, Communications Code Clerk, on  
A-1-7 funds. He is to go to China.

*WZ*  
HRE

*Make 1001's & wash Field  
1001's to China Field*

CONFIDENTIAL

CONFIDENTIAL

Date. 23 August 1946

Personnel Officer (Branch) Conzo Attention Miss Pearson

(Use space below for routing in Branch)

| TO | ROOM NO. | COMMENTS                                                                                          |
|----|----------|---------------------------------------------------------------------------------------------------|
| 1. |          | Prepare blue sheets. Scheduled for assessment on 28 August.                                       |
| 2. |          | Blue sheets prepared and forwarded to Assessment. SA-2 retained for subjects file in this office. |
| 3. |          |                                                                                                   |
| 4. |          |                                                                                                   |
| 5. |          |                                                                                                   |

EMTEL PEARSON

Personnel Procurement Branch

5. Room 104 North Building

SUBJECT: ~~Mr. Norton S. Miller~~

☐ Military Personnel

☒ Civilian Personnel

Rank or Grade\_\_\_\_\_

           Name Case

☒ Prospect - PPB Control No. General Branch                      Theater                     

☒ 1. If further processing is desired, submit form 802 or form 1001 promptly as availability of subject is limited.

☐ 2. If subject is rejected, state specific reasons.

3. Indicate action taken and return to this office by 30-8-56

☐ Will submit form 802 - File retained

☐ Under consideration - File retained

☐ Holding, Pending security report - File retained

☐ Requested for "\_\_\_" School - File retained

☐ Other

☐ 1. 804 only - Forms 2205 desired ☐ yes ☐ no

☒ 5. 2205 only - Form 804 desired ☐ yes ☐ no

☐ 6. Abstract only - Form 2205 desired ☐ yes ☐ no  
Form 804 desired ☐ yes ☐ no

☐ 7. File submitted for reconsideration

☐ 8. File submitted per our telephone conversation

☐ 9. Information and return

☒ 10. Prepare reply to Personnel Division 112 North Attn: Miss Dejian

☐ 11. Remarks

(60908)

CONFIDENTIAL

SECRET

CANDIDATE'S ADMISSION SHEET

(This form fully completed \* in duplicate must accompany request for admission of student to assessment or classes)

Request for:

(a) Assessment XXXXX

(b) Training       

Student's Name in Full: Baron S. Hilar

Cover Name if Necessary: Bob Scott Date: 28 Aug 48

Age: 20 Marital Status: Single Branch: Comm Desk:       

Specific Station to which candidate is going: Unknown at present

For consultation call:

|                                    |                 |              |            |
|------------------------------------|-----------------|--------------|------------|
| <u>Ethel Pearson</u>               | <u>2868</u>     | <u>South</u> | <u>209</u> |
| Training Liaison Officer           | Phone Extension | Bldg.        | Room No.   |
| <u>CHARLES H. ENGLISH</u>          | <u>2881</u>     | <u>South</u> | <u>250</u> |
| Desk Officer Supervising Candidate | Phone Extension | Bldg.        | Room No.   |

Has Security Check been completed? No

Type of Cover: SSU Civilian  
(Military; Govt. Official; Professional; Business; etc.)

What will be the specific duties of the candidate? Code clerk

What will be the administrative or supervisory responsibilities of the candidate?  
(If none, write "none") None

Will the candidate work alone or with other people? with four to six others under the same supervisor

If the latter, how many and what will be the candidate's relationship to them?       

Will the candidate be working directly under a supervising officer?       

If not, how will his work be directed and reviewed?       

What will be the living and working conditions under which the candidate is expected to operate?       

\*For reasons of security, details such as student's true name or specific mission may be omitted in the case of undercover personnel, if so desired by the Desk.

SECRET

(OVER)



## SECRET

What special qualifications do you wish the candidate tested for? \_\_\_\_\_

stability, ability to work with others and security consciousness.

What period and type of training is considered necessary for the candidate before placement in the field? four to six weeks ~~XXXXXX~~ training.

What special skills or knowledge related to the job does the candidate possess? (Include statement of any previous experience in intelligence work) None. Covered in ROTC slightly

Previous Intelligence Schools or Training Courses Attended:

Names of Schools, locations, dates, subjects covered: \_\_\_\_\_

Highest Military Rank Achieved: ROTC A/B (V-12) Date of Separation: 1 July 46  
(If still in service, indicate)

Education: High School ( 12 ) College ( 3 1/2 ) Grad. Work ( ) Highest Degree ( )  
(Indicate number of years at each level)

Foreign Residence, Travel, or Education: None

(Be specific; include dates if possible)

Indicate knowledge of foreign languages:  
("Slight", "Fair", "Good")

|                | Read | Speak | UNDERSTAND<br><del>XXXXXX</del> |
|----------------|------|-------|---------------------------------|
| <u>Spanish</u> |      |       | <u>very slight</u>              |
|                |      |       |                                 |
|                |      |       |                                 |
|                |      |       |                                 |

Present Occupation: unemployed (still attending school)

Occupational History: (Include dates and specific duties) unknown

SECRET  
(OVER)

9 August 1946

Mr. Newton Scott Miller  
11 Lebanon Street  
Hanover, New Hampshire

Dear Mr. Miller:

Thank you for your recent letter addressed to Mr. Brickelmaier in which you offer your services to this organization.

On the basis of the information given in your letter, we are considering you for the position of radio operator in the China Theater at the base salary of \$2600 plus living and quarters allowance of approximately \$1200 per annum. It should be mentioned here that all foreign appointments are made for a minimum period of 18 months. However, before any definite commitments can be made and in order that we may more closely examine your qualifications with respect to our specific needs, it is requested that you complete and return the inclosed application forms at your earliest convenience. At the time you submit these papers, it is requested that you also forward 2 profile and 4 front view photographs.

In addition, we should like to know whether or not it would be possible for you to come to Washington on the 28th of August for a personal interview and assessment for approximately 2 days. Your expenses for this trip will be borne by the Government. When you arrive, it is requested that you contact Miss Denian who is located in 107 North Building and who can be reached on Executive 6100, Extension 2961. Kindly notify us at your earliest convenience whether or not the above date meets with your approval.

Very truly yours,

BYRON C. SARVIS  
Chief, Procurement and  
Placement Section

Incls: 2 Forms 57  
2 SA-1's

cc: Comm. ✓ LHD:ca

Miss Denian

2 Aug 46

Communications Division

PERLEY, Henry O. and MILER, Newton S.

1. It is requested that the above named subjects be contacted and sent necessary forms and to bring them in for Assessment School and interview as soon as possible.

2. They may be contacted as indicated below:

MR. HENRY O. PERLEY  
413 New Hampshire Hall  
Hanover, N. H.

✓ MR. NEWTON SCOTT MILER  
11 Lebanon Street  
Hanover, N. H.

CHARLES M. ENGLISH  
Executive Officer

P. S. Both men will be Radio Operators overseas under the supervision of a Communications Officer.